

OCT 23 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31049
7844

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.....

City **St Louis Mo.** (No. **2731**)**Gamble St.**

File No.....

Registered No.....

St. Ward)

DeLois Moore

2. FULL NAME

(a) Residence, No. **2731 Gamble St.** St. **21** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 8th, 1931.				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	11	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	Infant
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St Louis MO.
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13. NAME	Southern Moore
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Memphis Teen.
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15. MAIDEN NAME	Cammilee Williams
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Ala.
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17. INFORMANT (ADDRESS)	Santall Moore 2731 Gamble St.
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18. BURIAL, CREMATION, OR REMOVAL PLACE	Washburn Park , DATE 9-20 , 19 35
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19. UNDERTAKER (ADDRESS)	Ellis Funeral Home 3718 220 St. Louis
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20. FILED	9-27-35 J. T. Bredeck Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-15-35.** 19**35**22. I HEREBY CERTIFY, That I attended deceased from **Sept. - 14th - 1935** to **Sept. - 15th - 1935**I first saw him alive on **Sept. - 15th - 1935** Death is said to have occurred on the date stated above, at **7:20 p.m.**

The principal cause of death and related causes of importance were as follows:

Primary Broucho-pneumonia Date of onset **9-14-35**Other contributory causes of importance: **none**

Name of operation..... Date of.....

What test confirmed diagnosis? **none** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**If so, specify **none**(Signed) **O. W. Johnson** M. D.(Address) **1046 a. N. Vandeventer**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

